

THE PRAXIS SERIES:
PROFESSIONAL ASSESSMENTS FOR BEGINNING TEACHERS®

Biographical Information Form for Proposed Panel Members

SUBJECT AREA OF TEST
(To be Filled in By the State) _____

NAME _____ E-MAIL _____

SCHOOL AND SCHOOL
DISTRICT _____

MAILING ADDRESS OF
SCHOOL _____
(Street/P.O. Box)

(City) _____ (State) _____ (Zip)

Describe School Location ☐ URBAN ☐ SUBURBAN ☐ RURAL

WORK NUMBER: Area Code _____ Number _____

COMPLETE HOME
ADDRESS _____
(Street/P.O. Box) _____ (City) _____ (State) _____ (Zip)

HOME TELEPHONE: Area Code _____ Number _____

SIGNATURE _____ DATE _____

FOR THE SUBJECT AREA LISTED ABOVE

Are you certified or licensed to teach this subject in the state in which you are teaching? ☐ YES ☐ NO

Are you currently teaching this subject? ☐ YES ☐ NO

If YES, at what INSTRUCTIONAL LEVEL (check all that apply)

☐ K-4 ☐ 5-8 ☐ 9-12 ☐ HIGHER EDUCATION

How many years have you taught this subject? _____ years

Have you been a mentor teacher to a student teacher in this subject area within the last two years? ☐ YES ☐ NO

Are you currently a mentor teacher to a student teacher in this subject area? ☐ YES ☐ NO

CERTIFICATION AREA(S) HELD _____

SUBJECT(S) CURRENTLY TEACHING _____

GENDER

☐ FEMALE

☐ MALE

SELF-DESCRIPTION

☐ AFRICAN AMERICAN OR BLACK

☐ AMERICAN INDIAN OR ALASKA NATIVE

☐ ASIAN, ASIAN AMERICAN, OR PACIFIC ISLANDER

☐ MEXICAN OR MEXICAN AMERICAN

☐ OTHER HISPANIC, LATINO, LATIN AMERICAN, OR PUERTO RICAN

☐ WHITE ☐ OTHER _____

PERSON RECOMMENDING PROPOSED PANELIST _____ TITLE _____

PLEASE RETURN THIS FORM TO:

Judy Miller, Ph.D.
Director of Assessment
Indiana Professional standards Board
101 West Ohio Street Suite 300
Indianapolis, IN 46204-1953
Fax 317-232-9023



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